MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
E9/756097	01-08-01

APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2	1							52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9	1							59						
10	1							60						
11		1						61						
12		1						62						
13	1							63						
14	1							64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19	1							69						
20	1							70						
21		1						71						
22		1						72						
23		2						73						
24	1							74						
25	1							75						
26		1						76						
27		2						77						
28	1							78						
29								79						
30								80						
31								81						
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35								85						
36								86						
37								87						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	11							TOTAL IND.						
TOTAL DEP.	19							TOTAL DEP.						
TOTAL CLAIMS	30							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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